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STRENGTHENING OF THE COORDINATION OF HUMANITARIAN AND DISASTER RELIEF ASSISTANCE OF THE UNITED NATIONS, INCLUDING SPECIAL ECONOMIC ASSISTANCE: SPECIAL ECONOMIC ASSISTANCE TO INDIVIDUAL COUNTRIES OR REGIONS

Assistance for the reconstruction and development of Djibouti

Report of the Secretary General

I. INTRODUCTION

1. The present report is submitted to the General Assembly pursuant to resolution 48/198 of 21 December 1993, on assistance for the reconstruction and development of Djibouti. It provides a brief description of the progress made in the implementation of that resolution.

II. OVERVIEW OF THE CURRENT SITUATION

2. The recent changes in the Horn of Africa, particularly the civil war in Somalia, have affected Djibouti, which has also experienced in the past two years its own internal strife between the Government and opposition groups.

3. The Government initiated political reforms that included a new constitution, a multi-party system and the beginning of a democratization process. Overt military actions have stopped and a relative peace has been achieved, but the return to normalcy is yet to begin in the regions affected by the war. Thousands of internally displaced people have not returned to their villages, which have been substantially destroyed. They do not appear keen to return not only because they would need assistance to restore their homes and their schools, dispensaries and other services but also because they still feel insecure in the presence of troops.

4. In order to create an environment of peace and social stability, the Government has initiated a process of demobilization of soldiers, whose numbers increased from several thousand to up to 20,000. This process may take some time, as opportunities to reintegrate the demobilized population into civilian life are not readily apparent and need to be explored in the overall context of the rehabilitation and reconstruction programmes.

5. The burden of the war effort, combined with a swelling civilian wage bill, further depressed the country's financial situation. Faced with financial obligations largely exceeding its capacity, the Government turned to once cash-rich public enterprises and drew heavily on their reserves, to the extent of depleting them. As this internal source of financing is drying up, the volume of external aid which has so far been significant is now on a downward trend.

6. But the root causes of Djibouti's problems are economic: in part structural and in part compounded by continuous inflows of refugees from neighbouring countries affected by war or civil strife. The country's frail economy is able to absorb less than 60 per cent of the workforce, and most of those employed earn only subsistence wages. Consequently most of the people of Djibouti are poor, and poverty is on the rise as a result of diminishing trade links with Ethiopia and Somalia.

7. The overall situation of the country is also characterized by limited pasture land and a high rate of livestock mortality; if no rainfall occurs in the near future, the ground-water level will be reduced, resulting in a shortage of water for consumption. Given the increasing influx of immigrants and refugees into Djibouti, the need for water is increasing. In Djibouti city, which absorbs 65 per cent of the total population, there is already an overexploitation of the water resources. Moreover, in certain coastal areas, the water points have reached a high degree of salinity and imperil the agropastoral perimeters that were developed a few years ago. The drought is therefore not only the result of climatic change but is also structural to the extent that it is aggravated by overexploitation and consumption of scarce water resources. The situation was exacerbated by the internal conflicts, resulting in the displacement of the rural populations, who are confined to remote areas with no pasture for their livestock. They are now receiving food assistance from the national army.

8. As regards social conditions, Djibouti is facing a serious health situation with widely prevalent epidemic diseases. There are 3,000 new cases of tuberculosis every year, and malaria is on the increase. Sexually-transmitted diseases are also increasing, signalling a situation that is difficult to control. Malnutrition continues to be a major public health problem, particularly in the prevailing situation of economic crisis and pressures from refugees and displaced persons.

III. MAJOR ISSUES

9. The situation in Djibouti has been adversely affected by the evolving critical situation in the Horn of Africa, the presence of tens of thousands of refugees and persons displaced from their countries, the extremes of local

climate - cyclical droughts and torrential rains and floods such as those that occurred in 1989, and the extremely limited financial capacity of the country to implement reconstruction and development programmes.

A. Refugees

10. Djibouti has become a refugee host country. The increasing number of displaced persons and refugees, combined with the continuous flow of illegal immigrants in search of jobs and assistance, has become a matter of great concern to the Government.

11. Although there are no precise figures for the number of refugees, internally displaced persons and illegal immigrants, the Government believes that there are over 100,000 persons who are in need of assistance in the capital city of Djibouti alone. It also claims that an equal number are affected by the drought.

B. Demobilization

12. Fighting between the Government and armed opposition groups in the northern part of the country resulted in a large displacement of the civilian population. It also resulted in the recruitment of 12,000 soldiers who must now be demobilized and reintegrated into civilian life.

13. The idea of demobilization started in early 1994 when the Government announced that security problems were under control in the previously war-affected areas. So far, steps have been taken to prepare for the separation from the national army of 11,500 soldiers enrolled during the two-year conflict. The demobilization includes new recruits and soldiers who were enrolled during the hostilities.

14. Although the Government has undertaken to pay separation fees for the demobilized soldiers, it is highly unlikely that the demobilization process can proceed without external support. Given the need for a large reconstruction scheme, food aid will be an incentive for the former soldiers and displaced persons to participate in rehabilitation activities involving basic infrastructure such as wells, health units and schools.

C. Drought

15. Djibouti suffers from recurrent droughts. The first rains of 1994 started late in southern parts of the country, while the northern region has not seen rain for over two years. The amount received so far will not be sufficient to improve significantly the pastures that are still very dry. Water sources are critically low, resulting in the migration of people to the capital city.

D. Health

16. The health situation has immediate and long-term implications. The Government is not only providing medical services to its own people but also to a large number of refugees from Ethiopia and Somalia seeking free medical treatment in Djibouti. Those refugees also bring with them diseases, such as tuberculosis, which are being spread among the local population at a rapid rate. While the immediate need is to strengthen the country's capacity to address the problems of tuberculosis, malaria, acquired immunodeficiency syndrome (AIDS) and malnutrition through immunization campaigns and the provision of essential drugs, a longer-term solution must be found at the regional level to improve the health situation in the neighbouring countries.

E. Education

17. Djibouti's educational system is currently under pressure to meet the challenges of growing unemployment, a rising demand from a young population and a large influx of refugees.

18. With very high drop-out rates of about 10 per cent per annum for the last two grades of primary school and an estimated drop-out rate of over 30 per cent at the end of the primary cycle, it is not surprising that only about 27 per cent of those completing primary education gain a place in secondary school. That high level of attrition at a stage when continued learning is both optimal and desirable represents, from an educational and manpower planning perspective, a wasted national opportunity to expand and strengthen the human resource pool for the enhancement of national productivity. Improvement in the overall quality of both primary and secondary education will require tackling the internal inefficiencies in the existing system and improving services in keeping with the nation's need for an educational content responsive to the changes occurring in the national market economy.

19. Technical and vocational education in Djibouti is modelled on the French system and begins at the secondary-school level. Opportunities of a limited and very specific kind exist for some students to pursue professional training. Clearly, there is an ongoing need to give the issue of growing national unemployment, especially among school drop-outs and youths, the urgent attention it deserves.

IV. ROLE OF THE UNITED NATIONS

20. One characteristic of the operational activities of the United Nations system in Djibouti is the sustained and close collaboration of all United Nations agencies present in the country to coordinate their efforts in order to respond to the growing social and economic problem of the refugees. The refugee situation in Djibouti is affecting not only general security but also the health sector and sanitation. Djibouti's health infrastructure, although not greatly developed, is accessible to all the local population. The inflow of refugees from neighbouring countries affected by war who are benefiting from the health services, has contributed to placing a burden on the already weak public-health

infrastructure. That situation has also contributed to a deterioration of the environment and of the sanitation facilities in the country, especially in the capital, and resulted in an outbreak of cholera in July 1993.

21. Agencies of the United Nations system present in Djibouti are constantly dealing with that problem by developing activities related to repatriation, food distribution and education, by initiating regrouping efforts to resettle refugees in camps and by clean-up operations in the capital.

22. A major accomplishment of the United Nations Development Programme (UNDP) is identification of the new role of the private sector, now considered by Government and the donor community as one of the main engines for economic and social development. In 1993, UNDP played a leading role in that regard by institutional reform and restructuring of private-sector legislation through a reshaping of Djibouti's code of commerce, which covers fiscality, the investment code, work legislation and investment promotion.

23. UNDP worked in close collaboration with the Government in the preparation of the law on guidelines for activities and projects (1991-2000) and the economic and social development plan (1991-1995), which were adopted in February and December 1991, respectively.

24. UNDP is providing $800,000 for technical assistance in a low-cost housing project for the building of 1,400 houses, of which 800 will be reserved for lower-income groups. The United Nations Capital Development Fund is also aiding the project with an input of $3,500,000.

25. Protection of the environment has also been an important aspect of UNDP's agenda. A disaster-management workshop was held in October 1993 and a workshop on sustainable development and environmental management was held in December. Both workshops helped to identify national needs and develop a strategy for the development of new legislation. UNDP will also fund preparatory assistance, within the framework of Capacity 21, to help the Government in bringing up to date the national report on the environment.

26. At the request of the Secretary-General, UNDP led the United Nations Inter-Agency Assessment Mission, in April 1994, to assess the country's humanitarian, rehabilitation and development needs in the aftermath of the internal conflict and in the light of the continuing critical situation in the Horn of Africa. The mission's findings and recommendations are expected to form the basis for full-scale reactivation of technical assistance in support of the Government's efforts in the challenging task of reconstruction and development. Essentially, the mission recommended three actions: a relief programme consisting of food, water and essential drugs for 35,000 to 40,000 displaced people; a rehabilitation programme in the war-affected areas through food-for-work projects and involving non-governmental organizations and United Nations Volunteers; and a round-table meeting to be organized by UNDP to provide a forum for the Government of Djibouti and its partners to discuss and agree on a sustainable development strategy.

27. UNDP has already initiated steps towards organizing the round-table meeting through the fielding of a consultant to Djibouti and the preparation of a

project document. The round-table meeting is scheduled to take place at Geneva early in 1995.

28. In line with the recommendation of the Inter-Agency Mission, the World Food Programme (WFP) has prepared a draft proposal on the emergency rehabilitation programme for Djibouti, and the Department of Humanitarian Affairs of the United Nations Secretariat is discussing the possibility of mobilizing financial resources with WFP and other agencies aimed at starting implementation of the emergency rehabilitation programme as soon as possible.

29. The Government and the Office of the United Nations High Commissioner for Refugees (UNHCR) have agreed to transfer 30,000 refugees/displaced persons from the capital city to the four existing refugee camps where care and maintenance will be provided pending the possibility of voluntary repatriation to Ethiopia and Somalia. Concurrent with the transfer operations is the establishment of a new registration process in order to have more accurate population figures for all the camps. Measures have been taken to improve the living conditions and to increase the absorption capacities of the refugee camps, including the participation of specialized international non-governmental organizations in the implementation of the refugee assistance programme and improvement of the operational capacities and financial management of the Office national d'aide aux refugiés et personnes sinistrées (ONARS), the principal implementing partner of the refugee programme in Djibouti.

30. As at 31 March 1994, 35,000 persons (19,000 Somalis and 16,000 Ethiopians) were being accommodated and assisted in the four refugee camps, namely, Holl Holl, Ali Adde, Aour Aoussa and Assamo. The Somali refugees originated from the Awdal province in north-west Somalia and had fled their country as a result of internal conflicts and civil war, mainly following the downfall of the Siad Barre regime in 1991. The Ethiopian refugees entered Djibouti in 1991, following the fall of the Mengistu regime and the subsequent civil disturbances.

31. Living conditions in the refugee camps are at a minimal level and there are no prospects for the introduction of income-generating activities. The four camps are located in areas that are barely accessible, close to the Ethiopian and Somali borders. They are operated by ONARS. Food assistance is provided by WFP, the medical and nutritional sectors are covered by the Association of Medical Doctors for Asia and the educational sector by the Evangelical Protestant Church of Djibouti (1,450 refugee children are attending the camp schools). In addition to its role in ensuring international protection of the refugees, the UNHCR branch in Djibouti is funding and ensuring overall supervision and monitoring of the assistance programme. The initial budget for 1994 is about $2 million, not including nearly $4 million in food assistance.

32. As part of the above-mentioned transfer programme, UNHCR transferred 5,000 persons from the city to the camps in April/May 1993. Following the cholera outbreak in July 1993, the transfer programme was suspended until December 1993. In January 1994, an additional group of 2,500 persons were transferred to the Holl Holl camp. These 7,500 transferees are included in the 35,000 camp residents. Because of the inadequate approach adopted by the authorities in conducting the transfer operation and the lack of appropriate identification of the transferees, the programme was again suspended in late January 1994. More

recently, UNHCR and the Government set up modalities for the continuation of the transfer operation, and the process was expected to resume shortly with an additional group of 5,000 persons. Completion of the whole programme (i.e. the remaining 17,500 out of the 30,000 agreed upon), given the actual absorption capacities of the camps, will depend on the results of the repatriation programmes initiated by UNHCR and which seem, at present, to be stifled on both the Ethiopian and the Somali sides.

33. The programme of repatriation to Ethiopia was launched following assessment of the overall security situation in the country and several information campaigns conducted among the refugees. During the summer of 1993 and in the following months, UNHCR registered about 10,000 Ethiopian refugees who expressed the wish to be repatriated to their country of origin. A screening mission dispatched by the Ethiopian authorities spent six weeks in Djibouti in October and November 1993 in order to verify the identity of the intending returnees. At the request of the Government of Ethiopia, the precise villages of origin of the future repatriates, as well as their tribal and clan links, were determined. Funds have been made available by UNHCR for the repatriation operations and a pre-departure grant will be provided to the refugees. Despite these efforts, the repatriation process has not yet started. During his recent official visit to Djibouti, the Prime Minister of Ethiopia declared that two major issues have to be resolved prior to repatriation: formal identification of the refugees and rehabilitation of their places of origin. UNHCR believes that both conditions have been fully met. In addition, UNHCR has placed approximately $2 million at the disposal of the Ethiopian Government since November 1993 for rehabilitation purposes, but for reasons that are unclear that sum has not been spent.

34. Based on the relative stability that has gained momentum in north-west Somalia following the Boroma conference in May 1993, a repatriation programme to that region has been set up by UNHCR. In collaboration with the Government of Djibouti and the Hargeisa administration, a tripartite committee and the terms of reference of the repatriation have been established. As part of the confidence-building process, visits have been made to the villages of origin of the refugees in Awdal province in order to assess rehabilitation and reintegration needs. Information meetings with refugee representatives have been organized. Elders and other representatives from the places of origin have been brought to Djibouti to visit the camps and meet with the intending returnees. A registration process conducted in the four camps resulted in the registration of 15,418 volunteers for repatriation. As part of the rehabilitation programme, over 100 Quick Impact Projects, comprising water, education, health, livestock and income-generating activities, have been launched by UNHCR in north-west Somalia. Despite the progress achieved, the repatriation programme to north-west Somalia is, at present, stifled for various reasons.

35. Because of its position at the crossroads of the Horn of Africa, Djibouti has long been affected by circumstances in neighbouring countries. In 1993, about 5,532 metric tons of commodities, valued at about $3 million, were made available by WFP to assist 30,000 Somali and Ethiopian refugees in the four camps. The number of refugees is expected to increase as the Government has opted to evacuate some families from urban centres to the camps.

36. WFP is also providing assistance to schools, hospitals and orphanages. School feeding is meant to improve the health and nutrition of children and increase their energy and alertness, building a resource of educated people. Provision of school meals has been instrumental in increasing enrolment among rural children. In the last three years, more than 4,000 schoolchildren, 37 per cent of them girls, have participated in the project. Similarly, food aid to the health sector acts as an incentive for outpatients to attend centres for continuous treatment against tuberculosis and as a budgetary saving by providing rations through hospital meals to in-patients. Over 3,000 recipients countrywide benefit from this food assistance. Funds saved as a result of WFP food donations serve to improve health facilities.

37. Concern about seeing beyond emergencies to long-term development accounts for the idea of food-for-work projects. The rationale behind these projects is that they provide additional food for those people whose incomes are too low for them to have access to sufficient food for a healthy and productive life; the food supplied can also result in a substantial addition to their income. For this purpose, intensive infrastructure work has been undertaken in Djibouti by poor households, with food provided as an incentive. The objective of these multipurpose food-for-work projects is to assist schemes for the improvement of rural infrastructure, reforestation training and other activities aimed at increasing the self-reliance of the rural population. Food aid through food-for-work has created opportunities for about 2,000 recipients, one fourth of them women, in both rural and urban areas.

38. UNDP and WHO are very much involved in the fight against AIDS. In 1993, they contributed to the creation of a counselling unit that will help reduce the impact of the epidemic through education of the population, public sensitization and awareness programmes. The unit was established in the context of the National Committee for the Fight against AIDS, which UNDP has also supported by training its members, through financing, from the Special Programme Resources/AIDS (SPR/AIDS) Division, a field visit to three African countries where the AIDS epidemic is widespread (Zambia, Senegal and Uganda). In addition, a project proposal elaborated by the members of the National Committee is now under evaluation by UNDP's SPR/AIDS Division.

39. United Nations agencies with the support of the French military bio-force, were actively engaged in responding to the cholera epidemic in July 1993. A nationwide surveillance system was established, and mass campaigns of public health education and of reinforcing the training of health personnel were conducted. WHO consultants fielded for the emergency, as well as WHO projects staff in Djibouti, have fully participated in the cholera control activities in the country. UNICEF also supported provision of oral rehydration salts and essential drugs.

40. The main concern of the Government in the health sector is to create a health system accessible to all. To that end, an effort has been made to develop primary health care, to establish rural health centres and to train health staff.

41. UNICEF cooperation during the 1980s focused on the promotion and implementation of primary health care, especially for universal child

immunization. It has also focused on the situation of women, in terms of their health, education and overall social status. UNICEF provided supplies and equipment for all of the country's maternal and child health centres and supported training of nurses, midwives and traditional birth attendants. More than three quarters of the women now have access to prenatal care and supervised deliveries. Yet, one out of every 20 pregnant women still dies of pregnancy-related causes because the quality of services is low, and the status of women remains low.

42. Extensive efforts have been made to empower women and girls through the national literacy/life skills programme which was launched in 1991. The programme makes use of facilities and teachers from the formal school system and provides two-hour classes four evenings a week during the school year.

43. Government-UNICEF cooperation during the period 1994-1998 will include three interrelated and mutually supporting programmes: health, education, and advocacy and social planning. It will address four major goals: (1) to reduce the infant mortality rate from 113 infant deaths per 1,000 live births to 60, and the mortality rate for children under five years of age from 158 per 1,000 live births to 80; (2) to reduce the maternal mortality rate from 740 deaths per 100,000 live births to 370; (3) to reduce severe and moderate malnutrition among under-five children by at least 50 per cent. These goals are based on the national programme of action and the national five-year plan, 1991-1995. A fourth goal - to empower all women and girls with the basic knowledge and skills needed for healthy living - was adopted in view of the inextricable link between basic education as an empowerment strategy and the overall well-being of children and mothers. All programme activities will be linked with these four national goals for children for the 1990s.

44. A major effort to address specifically the problems of refugees and displaced families will be made through the urban community health project in Balbala, a slum area housing over 110,000 of the country's most disadvantaged women and children. The main objective of the project is to accelerate delivery of services for essential drugs, family planning, pre- and postnatal care, growth monitoring and promotion, breast-feeding and maternal nutrition.

45. A project will be implemented in close cooperation with WHO to prevent human immunodeficiency virus (HIV) and AIDS by raising public awareness through the work of community health workers with high-risk groups.

V. CONCLUSIONS

46. Djibouti's difficulties and problems are first and foremost related to the continuous flow of refugees and illegal immigrants; they are also related to the conflicts in the Horn of Africa, including Djibouti, creating a large movement of displaced populations and reducing the country's revenues as a result of loss of trade and services. In addition, the current drought situation combined with large-scale destruction of livestock, water points, and health and education facilities as a result of the war in the country, has considerably increased Djibouti's emergency and humanitarian needs.

47. Djibouti has a large number of refugees and displaced persons (130,000, according to government sources), representing 25 per cent of the total population of the country. Apart from 35,000 refugees who are assisted by UNHCR in four camps, they are living in the capital city, intermingling with the urban population, overstretching the economic and social services, and in dire need of assistance. As the prospects for durable solutions are limited, it is appropriate to plan a relief programme for the displaced population.

48. The most feasible long-term solution to the presence of the refugees and illegal immigrants in Djibouti would require regional political agreements that would enable those immigrants to return to their countries and keep potential newcomers in their places of origin. This long-term action would require the formal political commitment of the concerned States and could be facilitated by the United Nations system in close cooperation with the Djibouti-based Inter-Governmental Authority on Drought and Development.

49. The immediate need is for a rehabilitation and reconstruction of damaged or destroyed social infrastructures (schools, dispensaries, water facilities) in all the regions that have been affected by civil strife. External assistance sources will be requested to provide the necessary financial support, as well as equipment and materials, needed for the reconstruction phase.

50. In order to initiate the rehabilitation process, an effort will need to be made by the authorities to encourage displaced populations to return to the towns and villages they have left before serious efforts are made to restore public services. In this way, community participation in the renovated facilities will transfer to the community itself a sense of pride and ownership in the running and maintenance of services at the local level.

51. The Government is facing critical financial difficulties resulting from the civil strife in the country in the last two years. It is estimated that $30 million will be urgently needed to mitigate the socio-economic impact of the war. In order to alleviate the financial difficulties, the Government has initiated a demobilization process involving some 12,000 military personnel. However, as this process will take several years to complete, it is appropriate to plan short-term budgetary aid and to assist in the economic and social reintegration of the demobilized personnel.

52. The Secretary-General remains deeply committed to the implementation of General Assembly resolution 48/198. He calls upon the international community to provide financial support to enable him to provide technical assistance for meeting urgent socio-economic programmes for the reconstruction and development process in Djibouti.